

**THIS MDR TRACKING NO. WAS WITHDRAWN.
THE AMENDED MDR TRACKING NO. IS: M5-04-2128-01**

MDR Tracking Number: M5-04-0256-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution- General and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. This dispute was received on 09-23-03.

The IRO reviewed therapeutic exercises, joint mobilization, group therapeutic procedures, office visits, and paraffin bath therapy rendered from 09-23-02 through 01-10-03 that were denied based upon "U".

The Medical Review Division has reviewed the IRO decision and determined that the **requestor prevailed** on the issues of medical necessity for therapeutic exercises, joint mobilization, group therapeutic procedures, office visits, and paraffin bath therapy. Therefore, upon receipt of this Order and in accordance with §133.308(r)(9), the Commission hereby orders the respondent and non-prevailing party to **refund the requestor \$650.00** for the paid IRO fee. For the purposes of determining compliance with the order, the Commission will add 20-days to the date the order was deemed received as outlined on page one of this order.

In accordance with §413.031(e), it is a defense for the carrier if the carrier timely complies with the IRO decision.

Based on review of the disputed issues within the request, the Medical Review Division has determined that **medical necessity was not the only issue** to be resolved.

This dispute also contained services that were not addressed by the IRO and will be reviewed by the Medical Review Division.

On December 31, 2003, the Medical Review Division submitted a Notice to requestor to submit additional documentation necessary to support the charges and to challenge the reasons the respondent had denied reimbursement within 14 days of the requestor's receipt of the Notice. The Medical Review Division is unable to review this dispute for fee issues. Documentation was not submitted in accordance with Rule 133.307(l) to confirm services were rendered for dates of service and 99213 for 10-04-02 and 12-16-02 through 12-20-02. Therefore reimbursement is not recommended.

This Decision is hereby issued this 10th day of February 2004.

Georgina Rodriguez
Medical Dispute Resolution Officer
Medical Review Division

ORDER.

Pursuant to §§402.042, 413.016, 413.031, and 413.019 of the Act, the Medical Review Division hereby ORDERS the respondent to pay for the unpaid medical fees in accordance with the fair and reasonable rate as set forth in Commission Rule 133.1(a)(8) plus all accrued interest due at the time of payment to the requestor within 20 days of receipt of this order. This Decision is applicable for dates of service 09-23-02 through 12-13-02 and 12-23-02 through 01-10-03 in this dispute.

This Order is hereby issued this 10th day of February 2004.

Roy Lewis, Supervisor
Medical Dispute Resolution
Medical Review Division

IRO Certificate #4599

NOTICE OF INDEPENDENT REVIEW DECISION

December 19, 2003

Re: IRO Case # M5-04-0256-01 amended

Texas Worker's Compensation Commission:

___ has been certified as an independent review organization (IRO) and has been authorized to perform independent reviews of medical necessity for the Texas Worker's Compensation Commission (TWCC). Texas HB. 2600, Rule 133.308 effective January 1, 2002, allows a claimant or provider who has received an adverse medical necessity determination from a carrier's internal process, to request an independent review by an IRO.

In accordance with the requirement that TWCC assign cases to certified IROs, TWCC assigned this case to ___ for an independent review. ___ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. For that purpose, ___ received relevant medical records, any documents obtained from parties in making the adverse

determination, and any other documents and/or written information submitted in support of the

appeal.

The case was reviewed by a physician who is Board Certified in Orthopedic Surgery, and who has met the requirements for TWCC Approved Doctor List or has been approved as an exception to the Approved Doctor List. He or she has signed a certification statement attesting that no known conflicts of interest exist between him or her and any of the treating physicians or providers, or any of the physicians or providers who reviewed the case for a determination prior to referral to ____ for independent review. In addition, the certification statement further attests that the review was performed without bias for or against the carrier, medical provider, or any other party to this case.

The determination of the ____ reviewer who reviewed this case, based on the medical records provided, is as follows:

History

The patient suffered a severe open injury to his right hand and wrist when a pane of glass broke and fell on his right hand and wrist. The patient sustained soft tissue defects to the volvar surface of the right wrist and dorsal surface of the right hand with transection of the radial artery hand nerve, transection of the long extensor tendons to the long, ring and small fingers, transection of the extensor carpi ulnaris and extensor digiti minimi tendons. The patient underwent exploration and repair of all injured structures on 5/7/02. The patient was seen for his first post-operative visit on 5/28/02. Evidently, he had removed his splint and he demonstrated an extensor lag to the ring and small finger. The patient was placed into a static splint and was seen approximately one week later. Physical therapy was started at that time, with the understanding that the patient might require revision of the extensor tendon repairs. On 7/5/02 the patient was scheduled for re-operation to repair the ring and small finger extensor tendons, and the surgery was performed on 7/19/02. Once again the patient was instructed to begin occupational therapy in August. On 9/10/02 the treating physician determined that the patient required continued, intensive physical therapy because of the complex nature of his injury. On 10/8/02 the patient was still unable to make a complete fist with the ring and small fingers. The patient was instructed to continue physical therapy because of significant range of motion deficits. On 11/5/02 the patient was noted to have improved range of motion in the ring finger. The small finger was still very stiff. Physical therapy was continued on 12/3/02 and the patient continued to have significant stiffness. On 1/7/03 the patient was returned to light duty work and was instructed by his treating physician to continue intensive physical therapy and two work hardening exercises. The patient continued to have problems with tendon adherence of the extensor tendons well into 2003

Requested Service(s)

Therapeutic exercises, joint mobilization, grp therapeutic procedures, paraffin bath therapy. 9/23/02 –10/2/02, 10/4/02-1/10/03

Decision

I disagree with the carrier's decision to deny the requested treatment.

Rational

This patient suffered a complex open injury to the volar and extensor side of the hand and wrist. Review of the records demonstrates excellent surgical care and management of this complex injury. Complex injuries such as this patient's injuries take many years of skilled management to improve patient outcomes. The medical records provided adequately document the medical necessity and objective response to therapeutic exercises and modalities performed by certified hand therapists and occupational therapists..

This medical necessity decision by an Independent Review Organization is deemed to be a Commission decision and order.
